

Anthrax Vaccine Adverse Event Supplemental Form

SSN of recipient: _____ Date of adverse event: _____

Service: ☐ USA ☐ USN ☐ USAF Date of vaccination: _____
 ☐ USMC ☐ Other

Location (facility) of adverse event: _____

Meets criteria for required reporting: ☐ Yes ☐ No

Patient hospitalized: ☐ Yes ☐ No

Patient on quarters > 24hrs: ☐ Yes ☐ No

Classification of reaction: ☐ Mild local reaction
 ☐ Moderate local reaction
 ☐ Large local reaction
 ☐ Systemic reaction

Suspected lot contamination: ☐ Yes ☐ No If yes, lot number: _____

Form submitted by: ☐ AMSA ☐ NEHC ☐ IERA/RSRH

Date form submitted to AMSA: _____

Comments:

The above information on anthrax vaccine adverse event reports (VAERS) is to be completed by the reportable disease project officer located at AMSA (Army), NEHC (Navy) and IERA/RSRH (Air Force). This supplemental form should be submitted along with a copy of the Form VAERS-1 report to AMSA [Ph: (202) 782-0471, Fax: -0612, DSN: 662-].